

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008

DATE RECEIVED

Serial

Prefix

1105842

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Series A-1 Preferred Stock and the Common Stock issuable upon conversion thereof
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer.
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Loyalty Lab, Inc. f/k/a InStorecard, Inc. and Retail Presents, Inc.  07073501
Address of Executive Offices (Number and Street, City, State, Zip Code) 100 Pine Street, 2 <sup>nd</sup> Floor, San Francisco, CA 94111 Telephone Number (Including Area Code) (415) 659-8270
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)
Brief Description of Business Software development  AUG. Comment
Type of Business Organization
<ul> <li>         □ corporation         □ limited partnership, already formed         □ other (please specify):         □ business trust         □ limited partnership, to be formed         □ limited partnership, to be formed         □ other (please specify):         □ FINANCIAL         □ Imited partnership, to be formed         □ other (please specify):         □ Imited partnership, already formed         □ other (please specify):         □ other (please specify):         □ Imited partnership, already formed         □ other (please specify):         □ other (please specify</li></ul>
Actual or Estimated Date of Incorporation or Organization:    Month   Year

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDENT	IFICATION DATA		
Each beneficial owner having the	issuer has been organized within the power to vote or dispose, or direct the r of corporate issuers and of corporate	vote or disposition of, 10% or		•
Check Box(es) that Apply: Promo	oter 🛛 Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual Goldstein, Mark	)			
Business or Residence Address (Number	· · · · · · · · · · · · · · · · · · ·	•		
c/o LoyaltyLab, Inc., 100 Pine Street,	21st Floor, San Francisco, CA 94	1111		
Check Box(es) that Apply: Promo		Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual	)			
Davis, Charles				
Business or Residence Address (Number		<i>'</i>		
c/o LoyaltyLab, Inc., 100 Pine Street,				
Check Box(es) that Apply: Promo	<u> </u>	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual	•			
Canaan Equity III LP, and related fur				
Business or Residence Address (Number	and Street, City, State, Zip Code	)		
2765 Sand Hill Road, Menlo Park, CA	. 94025			
Check Box(es) that Apply: Promo	oter 🛛 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual	)			
Outlook Ventures III, LP, and related	funds			
Business or Residence Address (Number	and Street, City, State, Zip Code	)		
135 Main St. Ste. 1350, San Francisco,	CA 94105			
Check Box(es) that Apply: Promo	oter	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual	)			
Business or Residence Address (Number	and Street, City, State, Zip Code	)		
Check Box(es) that Apply:	oter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual	)			
Business or Residence Address (Number	and Street, City, State, Zip Code	)		
Check Box(es) that Apply:  Promo	eter	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual	)			
Business or Residence Address (Number	and Street, City, State, Zip Code	)		
a:	se blank sheet, or copy and use ac	ditional conies of this sheet	as necessary)	

					B. 17	NFORMAT	TION ABO	UT OFFE	RING				
l		<u> </u>					-					Yes	No
1.	Has the	issuer sold	, or does the	e issuer inte	end to sell,	to non-accr	edited inve	stors in this	offering?				$\boxtimes$
						ver also in A			_				
2.	What is	the minim	um investm	ent that wil	l be accept	ed from any	/ individual	?	······			\$	N/A
								•				Yes	No
3.			-	-	-	unit?						$\boxtimes$	
4.	Enter th	ne informat	ion request	ed for each	n person w	ho has been	n or will be	e paid or g	iven, direct	tly or indire	ectly, any		
	offering	. If a perso	on to be list	ted is an ass	sociated pe	rson or age	nt of a brok	er or dealer	registered	with the SI	EC and/or		
	with a s	state or stat	es, list the	name of th	e broker or	dealer. If	more than	five (5) pe	rsons to be	listed are a	ssociated		
Eall			irst, if indiv		ay set torth	the inform	ation for th	at broker of	dealer only	y			
ı uıı	1144116 (1	Last Hairie I	iist, ii matv	ridual)									
Busi	iness or I	Residence A	Address (Nu	umber and S	Street, City	, State, Zip	Code)						
Nan	ne of Ass	ociated Bro	oker or Dea	ler									- · · · · · · · · · · · · · · · · · · ·
State	es in Wh	ich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
((	Check "A	All States" o	or check ind	lividuals St	ates)	•••••					·····	🗆 A	Il States
1	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	ſΜŊ	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
-	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			irst, if indiv		[]	[0.]	[]	( )	[]	[]	[]	[]	[]
Busi	iness or I	Residence A	Address (Nu	umber and S	Street, City	, State, Zip	Code)						
Nam	ne of Ass	ociated Bro	oker or Dea	ler									
State	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
((	Check "A	All States" o	or check ind	lividuals St	ates)			•••••				🗆 A	Il States
`	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	(HI]	[ID]
_	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
_	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	. [PA]
-	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			irst, if indiv		[.,,]	[0.]	[,,]	[ , , , ]	[ ( / / / )	[,,,]	[]	[,,,]	[, ,,]
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Busi	iness or F	Residence A	Address (Nu	umber and S	Street, City	, State, Zip	Code)						
Nam	ne of Ass	ociated Bro	oker or Dea	ler									
State	es in Whi	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(0	Check "A	dl States" o	or check ind	lividuals St	ates)				·····			🔲 A	Il States
ſ	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[ĎE]	[DC]	[FL]	[GA]	[HI]	[ID]
į	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A no	Amount Aluss 3:
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	s	\$
	☐ Common ☒ Preferred	\$7,270,300.00	\$6,999,999.79
	Convertible Securities (including warrants)	\$	\$
	•	S	\$
	Other (Specify)	\$	\$
		\$7,270,300.00	\$6,999,999.79
	Answer also in Appendix, Column 3, if filing under ULOE.		
	and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchase
	Accredited Investors	2	\$6,999,999.79
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	_	\$
	Regulation A		S
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	□ ·	<u>\$</u>
	Legal Fees	$\boxtimes$	\$ 55,000.00
	Accounting Fees		<u>\$</u>
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	$\boxtimes$	\$ 55,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Questi total expenses furnished in response to Part C — Question 4.a. This difference is the "adjust proceeds to the issuer."	ted gross	\$7,215,300.00
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check to the left of the estimate. The total of the payments listed must equal the adjusted gross proceed issuer set forth in response to Part C — Question 4.b above.	k the box	
	Payments to Officers, Directors Affiliates	& Payments to Others
Salaries and fees	S	_ 🗆 \$
Purchase of real estate	🔲 \$	_ 🗆 \$
Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	_ 🗆 s
Construction or leasing of plant buildings and facilities		_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		_ 🗆 \$
Repayment of indebtedness	S	_ 🗀 \$
Working capital	🗆 s	<u>\$7,215,300.00</u>
Other (specify):		
		_
Column Totals		<u> </u>
Total Payments Listed (column totals added)	🛛 <u>\$7</u>	,215,300.00

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

	1 /l /\	
Issuer (Print or Type)	Signiture	Date
LoyaltyLab, Inc.		July 30, 2007
Name of Signer (Print or Type)	Title or Signer (Print or Type)	<b>3</b>
Mark Goldstein	President	

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of	Yes uch rule?	No ⊠
	See Appendix, Column 5, for state response.		;
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which (17 CFR 239.500) at such times as required by state law.	this notice is filed a notice	on Form D
. 3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written reques offerees.	t, information furnished by	the issuer to
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied.  Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer class the burden of establishing that these conditions have been satisfied.		
	he issuer has read this notification and knows the contents to be true and has duly caused this notice to be ally authorized person.	e signed on its behalf by the	undersigned
Issu	suer (Print or Type) Signature	Date	20
Lo	oyaltyLab, Inc.	1 July 3	X)200
Nai	ame of Signer (Print or Type) Title d'Signer (Print or Type)		

President

### ${\it Instruction:}$

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Mark Goldstein

# APPENDIX

1	2		3			4			5
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Intend to sell to Type of security and aggregate offering price offered in state (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount ·	Yes	No
AL	1 63	110		IIIVESTOI S	Amount	Investors	Amount	163	1.0
AK	<u> </u>		-	· <del></del>					
AZ							<u> </u>		
AR		<del> </del>							
CA		х	Series A-1 Preferred Stock	2	\$6,999,999.97	-0-			x
СО			\$6.999.999.97						
СТ									
DE			.,,,,,						
DC									
FL								_	
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NV									

# APPENDIX

1	[	2	3	3 4					
	Intend to sell to non-accredited investors in aggregate offering State (Part B-Item 1)  Intend to sell to Type of security and aggregate offering price offered in state (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NH						<u> </u>			ļ
NJ				<u> </u>				<del> </del>	<u> </u>
NM								<del>                                     </del>	<del>                                     </del>
NY								<u> </u>	<u> </u>
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